

Twice Monthly Medical Plan Rates

EMPLOYEE PREMIUM CONTRIBUTION RATES FOR PLAN YEAR JULY 1, 2010 - JUNE 30, 2011

CITY HEALTH PLAN PPO

	CCSF	Superior Court
Employee Only	226.91	463.33
Employee + 1 Dependent	669.58	906.00
Employee + 2 or More Dependents	1,034.96	1,271.38

BLUE SHIELD OF CALIFORNIA HMO

	CCSF	Superior Court
Employee Only	60.44	296.87
Employee + 1 Dependent	356.81	593.23
Employee + 2 or More Dependents	602.78	839.20

KAISER HMO

	CCSF	Superior Court
Employee Only	4.42	240.85
Employee + 1 Dependent	244.75	481.17
Employee + 2 or More Dependents	444.22	680.65

See pages 24-25 for information about flexible credits which can be allocated toward employee premium contributions.

All medical plan rates published in this Benefits Guide are subject to the final approval of the San Francisco Board of Supervisors.

The employee premium contribution rates may change subject to union contract negotiations.